



## ASSESSMENT SUMMARY FOR TANF

				1. CSO	
2. LAST NAME		FIRST	MIDDLE INITIAL		3. DATE FORM COMPLETED
4. Replaces summary of					5. ACES CLIENT ID NUMBER
<b>ASSESSMENT AGENCY USE ONLY</b>					
6. PRIMARY PROBLEM SUBSTANCE	7. CALENDAR YEAR FIRST USED	8. SECOND PROBLEM SUBSTANCE	9. THIRD PROBLEM SUBSTANCE	10. INVOLUNTARY TREATMENT REFERRAL <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>SUMMARY</b>					
11. Based on the information provided by the client, is the client chemically dependent? <input type="checkbox"/> Yes <input type="checkbox"/> No					
12. Is the client in need of treatment in order to become employable based on work history and other factors? <input type="checkbox"/> Yes <input type="checkbox"/> No Date last drank/used: _____					
13. Can the client participate in job search? <input type="checkbox"/> Yes <input type="checkbox"/> No Could the client accept a job if offered? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know					
14. The Department should establish a protective payee due to the mismanagement of funds. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> CSO needs to evaluate further If yes, why? _____					
<b>ACTION PLAN</b>					
15. <input type="checkbox"/> <b>Client accepted for TANF treatment</b> <input type="checkbox"/> Treatment date: _____ <input type="checkbox"/> See attached Client Status Report <input type="checkbox"/> Expected to begin treatment: _____ Recommendations:  <input type="checkbox"/> Child care issues and recommendations:  <input type="checkbox"/> Conference needed with WorkFirst case manager.					
16. <input type="checkbox"/> <b>Client NOT accepted for TANF treatment</b> <input type="checkbox"/> Client does not report signs or symptoms indicating client is unemployable due to chemical dependency <input type="checkbox"/> Eligible but refuses treatment. Reason:  <input type="checkbox"/> Not appropriate for treatment at this time; due to:					
<b>OTHER INFORMATION</b>					
17. Potential barriers to employability: <input type="checkbox"/> Legal <input type="checkbox"/> Domestic Violence <input type="checkbox"/> Educational Limitations <input type="checkbox"/> Other: _____					
18. Possible: <input type="checkbox"/> mental <input type="checkbox"/> physical problem. (Check one or both.) <input type="checkbox"/> Pending: _____ evaluation					
19. <input type="checkbox"/> Psychological evaluation scheduled/done. Date: _____ with _____					
20. Other comments:					
<b>PROHIBITION OF REDISCLOSURE</b> The information attached has been disclosed to you from records whose confidentiality is protected by federal law. Federal regulations (42 CFR, Part 2) prohibit you from making further disclosure of it without specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations. A general authorization for the release of medical or other information is not sufficient for this purpose.					
21. CASE MONITOR'S SIGNATURE	22. PRINT CASE MONITOR'S NAME	23. TELEPHONE NUMBER	24. DATE	25. STAFF TIME HRS: MIN:	